



Medication Administration In-Service and Evaluation

Name of Facility/Home: Stanton Cottage

Employee Receiving In-Service: _____

Date of 1st In-Service*: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

*This is done by a regional nurse

Date of 2nd In-Service: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

Date of 3rd In-Service: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

Date of 4th In-Service: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

Date of 5th In-Service: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

Date of 6th In-Service: ____ / ____ / ____ Time: ____ : ____ am / pm Trainer: _____

Date of Final Evaluation: 7 / 9 / 2020 Time: 12 : 00 am / pm Trainer: Alexis Clark

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1	Medication Area							✓	
	a. Location of ample supplies prior to administration							✓	
	b. Area is clean and organized							✓	
	c. Area is always locked							✓	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)							✓	
2	DMA washes hands prior to administering medications and between each Resident							✓	
3	Medication keys are retained by DMA							✓	
4	Resident is identified per facility policy and procedure prior							✓	
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications							✓	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy							✓	
	b. If Apical Pulse is required, privacy is provided							✓	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'							✓	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR							✓	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle							✓	



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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure							✓	
	d. Observe Resident to ensure medication is swallowed							✓	
	e. Offer adequate and appropriate fluid with medication							✓	
	f. Medication record is signed immediately after administration of same							✓	
	g. Controlled substance record is signed immediately after administration of same							✓	
	h. Correct dose is administered							✓	
	i. Medication is administered at correct time							✓	
	j. Verify no additional MAR pages have been added							✓	
7	Infection control technique is reviewed							✓	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							✓	
	a. Resident is properly positioned, at a 45° sitting angle							✓	
	b. Tube is checked for placement and patency							✓	
	c. Tube is flushed before, between and after medications are administered							✓	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure							✓	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping							✓	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results							✓	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.							✓	
11	DMA administers eye and ear medication according to facility policies and procedures							✓	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							✓	
13	Medication administration should not interrupted. DO NOT RUSH							✓	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							✓	
15	Residents' rights are observed							✓	
16	Location, Procedures and Documenting for administering PRN							✓	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)							✓	
18	Medications are administered within time frame per facility policy							✓	



Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes							✓	
20	Medication area is cleaned and locked after completion of medication administration							✓	
21	Designated Medication Administrator can identify action and common side effects of medications administered							✓	
22	Approved Abbreviations List is reviewed							✓	
23	Seizure precautions and documentation							✓	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer							✓	
25	2nd Staff Verification, what it is, when it is needed, and how to document it							✓	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)							✓	

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

Cheryl Shoo
Employee Signature

7/9/2020
Date

Alexis Clare
Home Manager Signature

7/9/2020
Date

ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Name	dose
Time	documentation
medication	route

2. Liquid medication is poured at eye level holding the cup with your hand?

Yes No Explain:

flat surface hand over table check at eye level on flat surface

3. Controlled substance log is signed after the shift is over?

Yes No Explain:

after each med pass and before/after shift

4. The DMA may crush tablets if resident does not want to swallow whole?

Yes No Explain:

Only if its a written order from doctors

ANNUAL DMA RECERTIFICATION TEST

5. Controlled substances are stored (single locked) according to policy and procedures?

Yes No Explain:

Double locked

6. Medication errors only need to be reported if the error causes harm?

Yes No Explain:

all errors need to be reported immediately

7. The medication room keys are left hanging on a special hook in the office area?

Yes No Explain:

DMA possession at all times

8. If a resident runs out of a psychotropic medication and another bubble pack is not in the house, you can use one from another resident?

Yes No Explain:

The Rx isn't in there name and my be wrong dose

ANNUAL DMA RECERTIFICATION TEST

9. Always give Lantus insulin irregardless of the glucose level?.

Yes No Explain:

Only ^{give} what is in the written script

10. Blood pressure readings are used to monitor the treatment results of Lisinopril, Tenormin, or Norvasc?

Yes No Explain:

Because you don't want to give it
blood pressure is low.

11. Eight o'clock medication may be given at 8:00, 9:00, or 10:00?

Yes No Explain:

at 7, 8, 9 one hour before and one
hour after

12. Medications that have been popped and then the resident refuses are put back in the bubble packs?

Yes No Explain:

2nd staffed and destroyed in the
right container

ANNUAL DMA RECERTIFICATION TEST

13. Orders do not have to be on record for insulin injections?

Yes No Explain:

All medication comes with orders
from Doctors.

14. When a resident gets up late for a medication pass, just enter in the quickMAR, resident not in house for the med pass, and give the medication whenever they get up?

Yes No Explain:

Passed Refused get permission to call on-call
then pass only with permission

15. OTC means other than called for?

Yes No Explain:

over the ~~counter~~ Counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

1 teaspoon equals 15ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes No Explain:

NPO = Nothing by mouth

18. All controlled substances are returned to the pharmacy to be repackaged?

Yes No Explain:

They are put into the controlled destruction box or they stay in the locked drawer till the nurse can destroy them

19. Choking and aspiration is a rare problem among residents on psychotropic medications?

Yes No Explain:

It is very common for a person on psychotropic drugs to choke or aspirate

20. Constipation is never a side effect of psychotropic medications?

Yes No Explain:

It is a very big issue (side effect) of psychotropic drugs